

Fill in this information to identify the case:

Debtor name	Jersey Wings Unlimited, Inc
United States Bankruptcy Court for the:	District of New Jersey
Case number (If known):	25-16570 (State)

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 0.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 0.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 353,551.04

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 353,551.04

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Debtor name Jersey Wings Unlimited, Inc

United States Bankruptcy Court for the: District of New Jersey

Case number (if known): 25-16570

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Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Coral May LLC 1031 Route 18 South Suite 1 East Brunswick, NJ, 08816		Lease	Disputed Unliquidated Contingent			225,000.00
2	Arooga's Franchising, LP 1591 South 19th Street Harrisburg, PA, 17104		Franchise Royalties and Brand Development	Disputed Unliquidated Contingent			114,000.00
3	Shore Point Dist Co PO BOX 275 Adelphia, NJ, 07710		Suppliers or Vendors	Disputed Unliquidated Contingent			2,658.25
4	Edward Don & Company 2562 PAYSPHERE CIRCLE Chicago, IL, 60674		Suppliers or Vendors	Disputed Unliquidated Contingent			2,273.72
5	Silvestri & Son PO BOX 379 Lakewood, NJ, 08701		Suppliers or Vendors	Disputed Unliquidated Contingent			2,047.70
6	Fedway National Accounts PO BOX 651 Basking Ridge, NJ, 07920		Suppliers or Vendors	Disputed Unliquidated Contingent			1,512.47
7	Allied Beverage Group LLC PO BOX 7000 Elizabeth, NJ, 07207		Suppliers or Vendors	Disputed Unliquidated Contingent			1,111.74
8	High Grade PO BOX 7092 North Brunswick, NJ, 08902		Suppliers or Vendors	Disputed Unliquidated Contingent			859.15

Debtor	Name	Case number (if known)				
Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9 BMI Music PO BOX 630893 Cincinnati, OH, 45263		Suppliers or Vendors	Disputed Unliquidated Contingent			653.40
10 Ecolab Institutional PO BOX 32027 New York, NY, 10087		Suppliers or Vendors	Disputed Unliquidated Contingent			552.21
11 NUCO2 Po Box 9011 Stuart, FL, 34995		Suppliers or Vendors	Disputed Unliquidated Contingent			448.90
12 Gallo Wine Sales PO BOX 36446 Newark, NJ, 07188		Suppliers or Vendors	Disputed Unliquidated Contingent			390.60
13 Bolero Snort, LLC PO BOX 6568 Carlstadt, NJ, 07072		Suppliers or Vendors	Disputed Unliquidated Contingent			360.00
14 Carton Brewing 6 E WASHINGTON AVE Atlantic Highlands, NJ, 07716		Suppliers or Vendors	Disputed Unliquidated Contingent			278.00
15 Cintas PO BOX 630803 Cincinnati, OH, 45263		Suppliers or Vendors	Disputed Unliquidated Contingent			262.06
16 Accutronic Systems Inc 184 S LIVINGSTON AVE STE. 9 - #142 Livingston, NJ, 07039		Suppliers or Vendors	Disputed Unliquidated Contingent			213.25
17 United Brewing Company 140 SPRING ST Unit C New Providence, NJ, 07974		Suppliers or Vendors	Disputed Unliquidated Contingent			210.00
18 Mic Squared c/o Michael Cline 1 E 3RD STREET Keyport, NJ, 07735		Suppliers or Vendors	Disputed Unliquidated Contingent			200.00
19 Kane Brewing Company 1800 BLOOMSBURY AVE UNIT 4 Asbury Park, NJ, 07712		Suppliers or Vendors	Disputed Unliquidated Contingent			195.00
20 Anchor Pest Control 28 ARTHUR ST. East Brunswick, NJ, 08816		Suppliers or Vendors	Disputed Unliquidated Contingent			162.75

Fill in this information to identify the case:

Debtor name Jersey Wings Unlimited, Inc

United States Bankruptcy Court for the: District of New Jersey

Case number (If known): 25-16570

 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ _____		
3. Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. _____	_____	_____	\$ _____
3.2. _____	_____	_____	\$ _____
4. Other cash equivalents (<i>Identify all</i>)			
4.1. _____	\$ _____		
4.2. _____	\$ _____		
5. Total of Part 1	\$ _____		

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Current value of debtor's interest

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____	\$ _____
8.2. _____	\$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less:	face amount	- doubtful or uncollectible accounts	= →	\$ _____
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11b. Over 90 days old:	face amount	- doubtful or uncollectible accounts	= →	\$ _____
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12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____	_____	\$ _____
14.2. _____	_____	\$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____	_____ %	_____	\$ _____
15.2. _____	_____ %	_____	\$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____	_____	\$ _____
16.2. _____	_____	\$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- No. Go to Part 6.
- Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

_____ MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

_____ MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

_____ MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

Food and Packaging _____ MM / DD / YYYY \$ _____ Unknown \$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

0.00
\$ _____

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
- Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- No. Go to Part 7.

- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	_____	\$ _____
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles	\$ _____	_____	\$ _____
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____
43. Total of Part 7.			\$ _____
Add lines 39 through 42. Copy the total to line 86.			
44. Is a depreciation schedule available for any of the property listed in Part 7?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment
(excluding farm machinery and equipment)**

Restaurant Equipment and Furniture

\$ _____ \$ Unknown

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Name _____

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 1031 Route 18 South East Brunswick NJ 08816	leasehold	\$ _____	Unknown	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
56. Total of Part 9.				0.00 \$ _____

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9? No Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?** No Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties liquor License	\$ _____	_____	Unknown \$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____
66. Total of Part 10.			0.00 \$ _____

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ - Total face amount _____ = → doubtful or uncollectible amount _____ \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____
Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____
Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____
_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 0.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 0.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9. →		\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 0.00	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 0.00		\$ 0.00

Fill in this information to identify the case:

Debtor name Jersey Wings Unlimited, Inc
 United States Bankruptcy Court for the: District of New Jersey
 Case number (If known): 25-16570

Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**2.1 Creditor's name****Describe debtor's property that is subject to a lien**

<i>Column A</i>	<i>Column B</i>
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
\$ _____	\$ _____

Creditor's mailing address**Creditor's email address, if known****Describe the lien****Date debt was incurred****Is the creditor an insider or related party?****Last 4 digits of account number**

- No
 Yes

Do multiple creditors have an interest in the same property?**Is anyone else liable on this claim?**

- No
 Yes. Specify each creditor, including this creditor,
-

As of the petition filing date, the claim is:**Check all that apply.**

- Contingent
 Unliquidated
 Disputed

2.2 Creditor's name**Describe debtor's property that is subject to a lien****Creditor's mailing address****Creditor's email address, if known****Date debt was incurred****Describe the lien****Last 4 digits of account number****Is the creditor an insider or related party?**

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Have you already specified the relative priority?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

- No
 Yes. Specify each creditor, including this creditor, and its relative priority.
-

As of the petition filing date, the claim is:**Check all that apply.**

- Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Fill in this information to identify the case:

Debtor Jersey Wings Unlimited, Inc
 United States Bankruptcy Court for the: District of New Jersey
 Case number 25-16570
 (If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		
2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		
2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
3.1 Nonpriority creditor's name and mailing address Accutronic Systems Inc 184 S LIVINGSTON AVE STE. 9 - #142 Livingston, NJ 07039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred _____ Last 4 digits of account number _____	<u>\$ 213.25</u>
3.2 Nonpriority creditor's name and mailing address Allied Beverage Group LLC PO BOX 7000 Elizabeth, NJ 07207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred _____ Last 4 digits of account number _____	<u>\$ 1,111.74</u>
3.3 Nonpriority creditor's name and mailing address Anchor Pest Control 28 ARTHUR ST. East Brunswick, NJ 08816	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred _____ Last 4 digits of account number _____	<u>\$ 162.75</u>
3.4 Nonpriority creditor's name and mailing address Arooga's Franchising, LP 1591 South 19th Street Harrisburg, PA 17104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Franchise Royalties and Brand Development Date or dates debt was incurred _____ Last 4 digits of account number _____	<u>\$ 114,000.00</u>
3.5 Nonpriority creditor's name and mailing address BMI Music PO BOX 630893 Cincinnati, OH 45263	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred _____ Last 4 digits of account number _____	<u>\$ 653.40</u>
3.6 Nonpriority creditor's name and mailing address Bolero Snort, LLC PO BOX 6568 Carlstadt, NJ 07072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred _____ Last 4 digits of account number _____	<u>\$ 360.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷	Nonpriority creditor's name and mailing address Carton Brewing 6 E WASHINGTON AVE Atlantic Highlands, NJ 07716	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 278.00
		Basis for the claim: Suppliers or Vendors	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ⁸	Nonpriority creditor's name and mailing address Cintas PO BOX 630803 Cincinnati, OH 45263	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 262.06
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹	Nonpriority creditor's name and mailing address Coral May LLC 1031 Route 18 South Suite 1 East Brunswick, NJ 08816	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 225,000.00
		Basis for the claim: Lease	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰	Nonpriority creditor's name and mailing address Cozzini Bros 8430 W BRYN MAWR AVE STE 800 Chicago, IL 60631	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 101.18
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹	Nonpriority creditor's name and mailing address Ecolab Institutional PO BOX 32027 New York, NY 10087	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 552.21
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address Edward Don & Company 2562 PAYS SPHERE CIRCLE Chicago, IL 60674	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 2,273.72
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³	Nonpriority creditor's name and mailing address Fedway National Accounts PO BOX 651 Basking Ridge, NJ 07920	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 1,512.47
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁴	Nonpriority creditor's name and mailing address Gallo Wine Sales PO BOX 36446 Newark, NJ 07188	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 390.60
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁵	Nonpriority creditor's name and mailing address High Grade PO BOX 7092 North Brunswick, NJ 08902	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 859.15
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶	Nonpriority creditor's name and mailing address Ideal Plumbing and Heating PO BOX 511 Clarksburg, NJ 08510	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ Unknown
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷	Nonpriority creditor's name and mailing address Kane Brewing Company 1800 BLOOMSBURY AVE UNIT 4 Asbury Park, NJ 07712	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 195.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸	Nonpriority creditor's name and mailing address Mic Squared c/o Michael Cline 1 E 3RD STREET Keyport, NJ 07735	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 200.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹	Nonpriority creditor's name and mailing address NUCO2 Po Box 9011 Stuart, FL 34995	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 448.90
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁰	Nonpriority creditor's name and mailing address Pembroke Loss Prevention Inc. 15 LINCOLN STREET #245 Wakefield, MA 01880	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ Unknown
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²¹	Nonpriority creditor's name and mailing address Shoes for Crews PO BOX 734176 Chicago, IL 60673	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 60.66
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²²	Nonpriority creditor's name and mailing address Shore Point Dist Co PO BOX 275 Adelphia, NJ 07710	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 2,658.25
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ²³	Nonpriority creditor's name and mailing address Silvestri & Son PO BOX 379 Lakewood, NJ 08701	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 2,047.70
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ²⁴	Nonpriority creditor's name and mailing address United Brewing Company 140 SPRING ST Unit C New Providence, NJ 07974	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 210.00
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim:	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim:	
	Date or dates debt was incurred _____	Is the claim subject to offset? No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Archer & Greiner, P.C. Attn: Jerrold S. Kulback, Esq. 1025 Laurel Oaks Road Voorhees, NJ, 08043	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain: _____	
4.2.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.3.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ 0.00
5b. Total claims from Part 2	5b. + \$ 353,551.04
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ 353,551.04

Fill in this information to identify the case:

Debtor name Jersey Wings Unlimited, Inc
United States Bankruptcy Court for the: District of New Jersey
Case number (If known): 25-16570 Chapter 11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

	Lease Lessee	Coralmay, LLC
2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	

Fill in this information to identify the case:

Debtor name Jersey Wings Unlimited, Inc

United States Bankruptcy Court for the: District of New Jersey

Case number (if known): 25-16570

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name	
2.1			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name	Jersey Wings Unlimited, Inc
United States Bankruptcy Court for the:	District of New Jersey
Case number (If known):	25-16570

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2025</u> <u>MM / DD / YYYY</u>	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ 821,775.88
For prior year:	From <u>01/01/2024</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2024</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ 2,636,889.00
For the year before that:	From <u>01/01/2023</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2023</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ 3,020,685.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u> </u> <u>MM / DD / YYYY</u>	to	Filing date <u> </u>	\$ <u> </u>
For prior year:	From <u> </u> <u>MM / DD / YYYY</u>	to	<u> </u> <u>MM / DD / YYYY</u>	\$ <u> </u>
For the year before that:	From <u> </u> <u>MM / DD / YYYY</u>	to	<u> </u> <u>MM / DD / YYYY</u>	\$ <u> </u>

Debtor Jersey Wings Unlimited, Inc _____ Case number (if known) 25-16570 _____
Name _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. _____ Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. _____ Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Insider's name		\$ _____ _____ _____	
Relationship to debtor _____			
4.2. _____ Insider's name		\$ _____ _____ _____	
Relationship to debtor _____			

Debtor Jersey Wings Unlimited, Inc
Name _____

Case number (if known) 25-16570

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____	_____	_____	\$ _____

5.2.

Creditor's name _____ \$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____	_____	_____	\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Coralmay, LLC v. Jersey Wings Unlimited Inc.	Eviction and Money Damages	Superior Court NJ - Middlesex - L&T	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			MID-LT-003259-25

7.2.

Case title	Court or agency's name and address	Pending
Case number	_____	<input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Jersey Wings Unlimited, Inc
Name _____

Case number (if known) 25-16570

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	
Case number	Name	
_____	_____	
Date of order or assignment	_____	
_____	_____	

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name	_____	_____	\$ _____
	_____	_____	\$ _____
Recipient's relationship to debtor	_____		
9.2. Recipient's name	_____		

Recipient's relationship to debtor	_____		

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.	_____	_____	\$ _____
List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).			_____

Debtor Jersey Wings Unlimited, Inc _____ Case number (if known) 25-16570 _____
Name _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Silverman Law PLLC	money	06/25/2025	\$ 10,000.00

Address
4 Terry Terrace
Livingston, NJ 07039

Email or website address

Who made the payment, if not debtor?
Igor Zak

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____	_____	_____	\$ _____

Address

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee _____	_____	_____	\$ _____

Debtor Jersey Wings Unlimited, Inc
Name

Case number (if known) 25-16570

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. _____

_____ \$ _____

Address

Relationship to debtor

Who received transfer?

_____ \$ _____

13.2. _____

Address

Relationship to debtor

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
---------	--------------------

14.1. _____

From _____ To _____

14.2. _____

From _____ To _____

Debtor Jersey Wings Unlimited, Inc _____ Case number (if known) 25-16570 _____
Name _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- No
- Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan _____

Employer identification number of the plan _____

EIN: _____

Has the plan been terminated?

- No
- Yes

Debtor Jersey Wings Unlimited, Inc _____ Case number (if known) 25-16570 _____
Name _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$ _____
18.2. _____ Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	Address _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	Address _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Jersey Wings Unlimited, Inc _____ Case number (if known) 25-16570 _____
Name _____

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____			\$ _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Debtor Jersey Wings Unlimited, Inc
Name

Case number (if known) 25-16570

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name and address 25.1. Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
--	-------------------------------------	---

Business name and address 25.2. Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
--	-------------------------------------	---

Business name and address 25.3. Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
--	-------------------------------------	---

Debtor Jersey Wings Unlimited, Inc
Name

Case number (if known) 25-16570

26. Books, records, and financial statements

- 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address

Dates of service

26a.1. _____
Name _____

From _____

To _____

Name and address

Dates of service

26a.2. _____
Name _____

From _____

To _____

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address

Dates of service

26b.1. Brendon Pierson Inc
Name
3311 State Route 33, Neptune NJ 07753

From _____

To _____

Name and address

Dates of service

26b.2. _____
Name _____

From _____

To _____

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address

If any books of account and records are unavailable, explain why

26c.1. _____
Name _____

Debtor Jersey Wings Unlimited, Inc _____ Case number (if known) 25-16570 _____
Name _____

Name and address

If any books of account and records are
unavailable, explain why

26c.2.

Name _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1.

Name _____

Name and address

26d.2.

Name _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

Name and address of the person who has possession of inventory records

\$ _____

27.1.

Name _____

Debtor Jersey Wings Unlimited, Inc _____ Case number (if known) 25-16570

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
_____	_____	\$ _____

Name and address of the person who has possession of inventory records

27.2. _____

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Igor Zak	,	President	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. _____ Name _____	_____	_____	_____
Relationship to debtor	_____	_____	_____

Debtor Jersey Wings Unlimited, Inc
Name _____

Case number (if known) 25-16570

Name and address of recipient

30.2

Name _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/15/2025
MM / DD / YYYY

 /s/ Igor Zak

Printed name Igor Zak

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

United States Bankruptcy Court
District of New Jersey

In re: Jersey Wings Unlimited, Inc

Case No. 25-16570

Debtor(s)

Chapter 11

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 07/15/2025

/s/ Igor Zak

Signature of Individual signing on behalf of debtor

President

Position or relationship to debtor

Accutronic Systems Inc
184 S LIVINGSTON AVE
STE. 9 - #142
Livingston, NJ 07039

Cozzini Bros
8430 W BRYN MAWR AVE
STE 800
Chicago, IL 60631

Allied Beverage Group LLC
PO BOX 7000
Elizabeth, NJ 07207

Ecolab Institutional
PO BOX 32027
New York, NY 10087

Anchor Pest Control
28 ARTHUR ST.
East Brunswick, NJ 08816

Edward Don & Company
2562 PAYSPHERE CIRCLE
Chicago, IL 60674

Archer & Greiner, P.C.
Attn: Jerrold S. Kulback, Esq.
1025 Laurel Oaks Road
Voorhees, NJ 08043

Fedway National Accounts
PO BOX 651
Basking Ridge, NJ 07920

Arooga's Franchising, LP
1591 South 19th Street
Harrisburg, PA 17104

Gallo Wine Sales
PO BOX 36446
Newark, NJ 07188

BMI Music
PO BOX 630893
Cincinnati, OH 45263

High Grade
PO BOX 7092
North Brunswick, NJ 08902

Bolero Snort, LLC
PO BOX 6568
Carlstadt, NJ 07072

Ideal Plumbing and Heating
PO BOX 511
Clarksburg, NJ 08510

Carton Brewing
6 E WASHINGTON AVE
Atlantic Highlands, NJ 07716

Kane Brewing Company
1800 BLOOMSBURY AVE
UNIT 4
Asbury Park, NJ 07712

Cintas
PO BOX 630803
Cincinnati, OH 45263

Mic Squared
c/o Michael Cline
1 E 3RD STREET
Keyport, NJ 07735

Coral May LLC
1031 Route 18 South
Suite 1
East Brunswick, NJ 08816

NUCO2
Po Box 9011
Stuart, FL 34995

Coral May LLC c/o Shamy & Shamy
attn: TK Shamy
178 Livingston Ave
New Brunswick, NJ 08901

Pembroke Loss Prevention INc.
15 LINCOLN STREET
Wakefield, MA 01880

Coralmay, LLC

Shoes for Crews
PO BOX 734176
Chicago, IL 60673

Shore Point Dist Co
PO BOX 275
Adelphia, NJ 07710

Silvestri & Son
PO BOX 379
Lakewood, NJ 08701

United Brewing Company
140 SPRING ST
Unit C
New Providence, NJ 07974